

CONSUMER COMPLAINT FORM

Office of the Indiana Attorney General

To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type. DO NOT include your Social

1. YOUR INFORMATION	2. WHO IS YOUR COMPLAINT AGAINST?					
Mr. Mrs. Miss Ms. Dr.	Name/Firm					
Name						
Address	Address					
City State						
ZIP County	City State					
Age 18-24 25-34 35-44 45-54 55-64 65+	ZIP County					
Phone () Day	Phone ()					
Are you or your spouse active military? Yes No	E-mail					
E-mail	Person you dealt with					
3. WHEN DID TRANSACTION/INCIDENT OCCUR?	Date Time AM PM					
4. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPL	LAINING ABOUT TAKE PLACE? (Check box when applicable)					
At the firm's place of business	By Mail					
My home	By Internet/e-mail					
Away from the firm's place of business (work, convention, etc.	By telephone					
Other	_					
5. WHAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND	THE FIRM?					
I telephoned the firm	I went to the firm's place of business					
I responded to a TV/radio ad	I received a telephone call from the firm					
A person came to my home	I responded to an offer on the Internet					
	I responded to a printed advertisement					
I received information by e-mail	·					
I received information by e-mail I received information in the mail	Other					
I received information in the mail	Other					
	Other					
I received information in the mail 5. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE The nature and status of your complaint and the name of the firm?	Other					
I received information in the mail 6. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE The nature and status of your complaint and the name of the firm? Your name?	Other F PUBLIC? Yes No My business					
I received information in the mail DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE	Other					
I received information in the mail 5. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE The nature and status of your complaint and the name of the firm? Your name? Your phone number?	Other To WHAT WAS THE TRANSACTION FOR Yes No Yes No Yes No My business My family/household My farm					
I received information in the mail 5. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE The nature and status of your complaint and the name of the firm? Your name? Your phone number? 5. HOW DID YOU PAY?	Other The second control of the second cont					
I received information in the mail 5. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE The nature and status of your complaint and the name of the firm? Your name? Your phone number? 6. HOW DID YOU PAY? Cash Credit Card Medical	Other Yes No Yes No My business My family/household My farm My business My family/household My farm My farm					

For Office Use Only:

/:	Ind	Prac	DI		.40			OA:	Inv.	Sec	File #
			PL	MO	NL	•	NJ				-CP-

10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)	Yes	No							
When? Action taken?									
11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?									
When? Action taken?									
12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?	Yes	No							
13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.	Yes	No							
14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.	Yes	No							
15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$									
16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)									
Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER.									
17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?									
40. GONOFAIT AND VEDIFICATION									
18. CONSENT AND VERIFICATION									
I affirm, under the penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).									
Your Signature Date									

WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

MAIL COMPLETED FORMS TO:

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302 West Washington Street
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